## PART B - FEE(S) TRANSMITTAL

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		Note: A certificate of	

38137

APPLN, TYPE

nonprovisional

Authorized Signature

BXAMINER

KRISHNAN, GANAPATHY

7590 11/16/2010

SMALL ENTITY

NO

ABELMAN, FRAYNE & SCHWAB 666 THIRD AVENUE, 10TH FLOOR, NEW YORK, NY 10017

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TOTAL FEE(S) DUE

\$1810

PREV. PAID ISSUE FEE

b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

Registration No. 24,156

January 9, 2011

DATE DUE

02/16/2011

			(Signature)		
					(Date)
APPLICATION NO.	FILING DATE	FIRST	NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/531.853	04/18/2005		Bilds De Luca	206.953	3983

PUBLICATION FEE DUE

\$300

CLASS-SUBCLASS

514-054000

TITLE OF INVENTION: TAXANES COVALENTLY BOUNDED TO HYALURONIC ACID OR HYALURONIC ACID DERIVATIVES

ISSUE FEE DUE

\$1510

ART UNIT

1623

1. Change of correspondence address or indication of "Fee Address" (37 | 2. For printing on the patent front page, list

CFR 1:363).  Cliange of correspondence address (or Change of Correspon Address form PTO/SB/122) attached.  Pee Address' indication (or "Fee Address' Indication form PTO/SB/12, Rev 03:02 or more recent) attached. Use of a Cas Number is required.	(1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to	1_ABELMAN, FRAYNE & 2_SCHWAB			
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTE	ED ON THE PATENT (print or type)				
PLEASE NOTE: Unless an assignee is identified below, no a recordation as set forth in 37 CFR 3.11. Completion of this for	ssignce data will appear on the patent. If an assignce is identific n is NOT a substitute for filing an assignment.	d below, the document has been filed for			
(A) NAME OF ASSIGNEE	(B) RESIDENCE; (CITY and STATE OR COUNTRY)				
FIDIA FARMACEUTICI S.P.A.	Abano Terme, Italy				
Please check the appropriate assignee category or categories (will r	not be printed on the patent): 🔲 Individual 🖾 Corporation or o	other private group entity Government			
4a. The following fee(s) are submitted:	4b. Payment of Fec(s): (Please first reapply any previously	paid Issue (se shown above)			
Sissue Fee	A check is enclosed.	,			
Publication Fee (No small entity discount permitted)	Payment by credit card. Form PTO-2038 is attached.	Payment by credit card, Form PTO-2038 is attached.			
Advance Order - # of Copies	The Director is hereby authorized to charge the require overpayment, to Deposit Account Number 01-0035	d fec(s), any deficiency, or credit any (enclose an extra copy of this form).			
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a. Applicant claims SMALL ENTITY status. See 37 CFR 1,27.